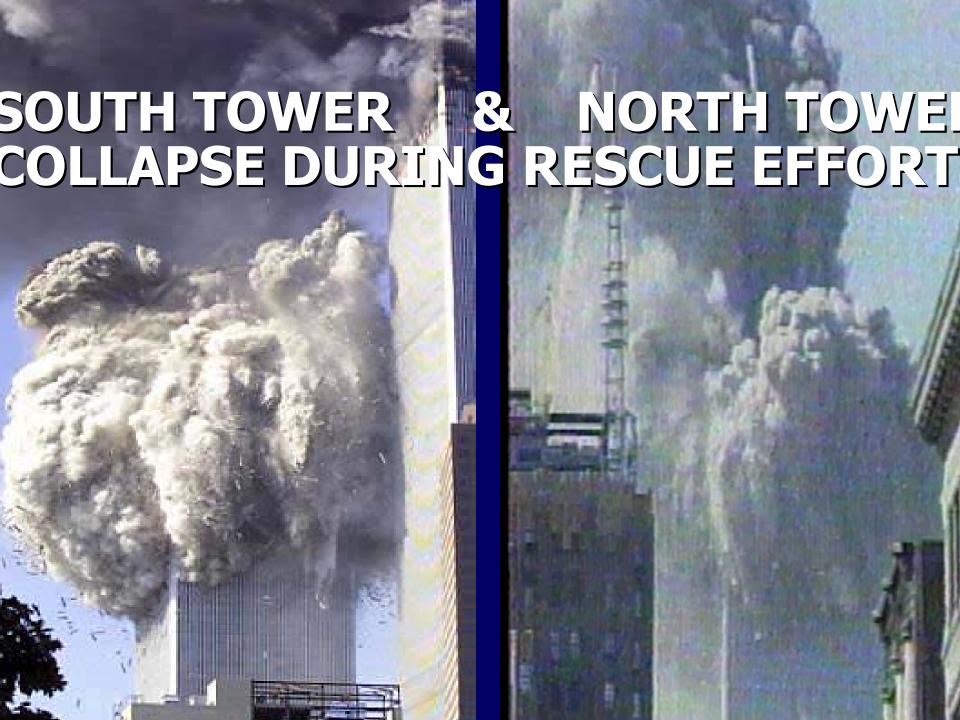


13,500 Fire & EMS Workers
Proudly Serving New York and the USA

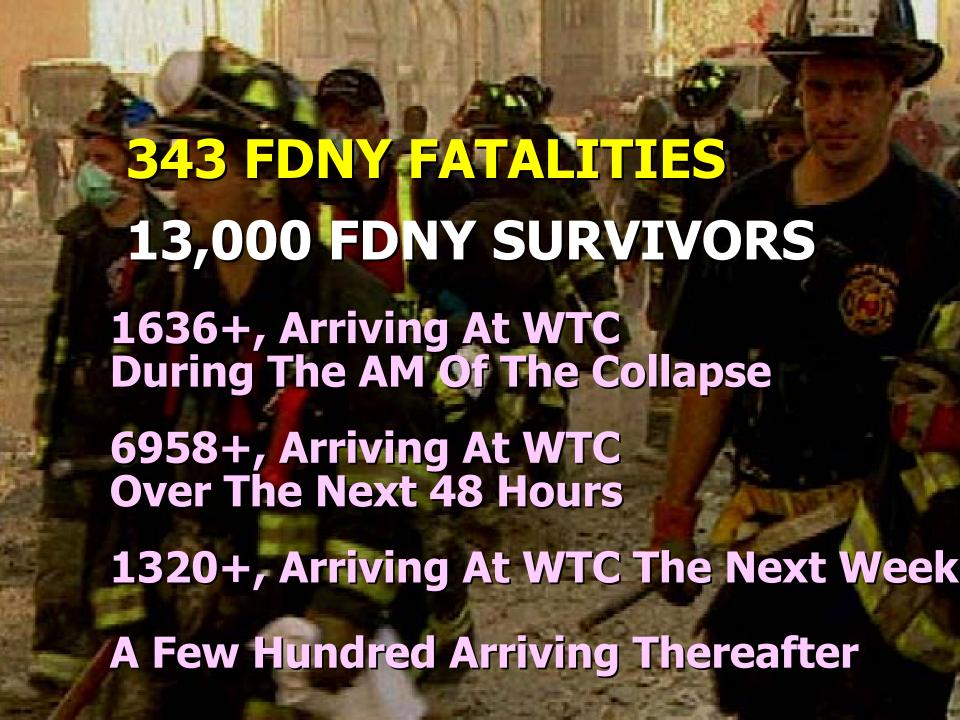
Dr. David Prezant, FCCP

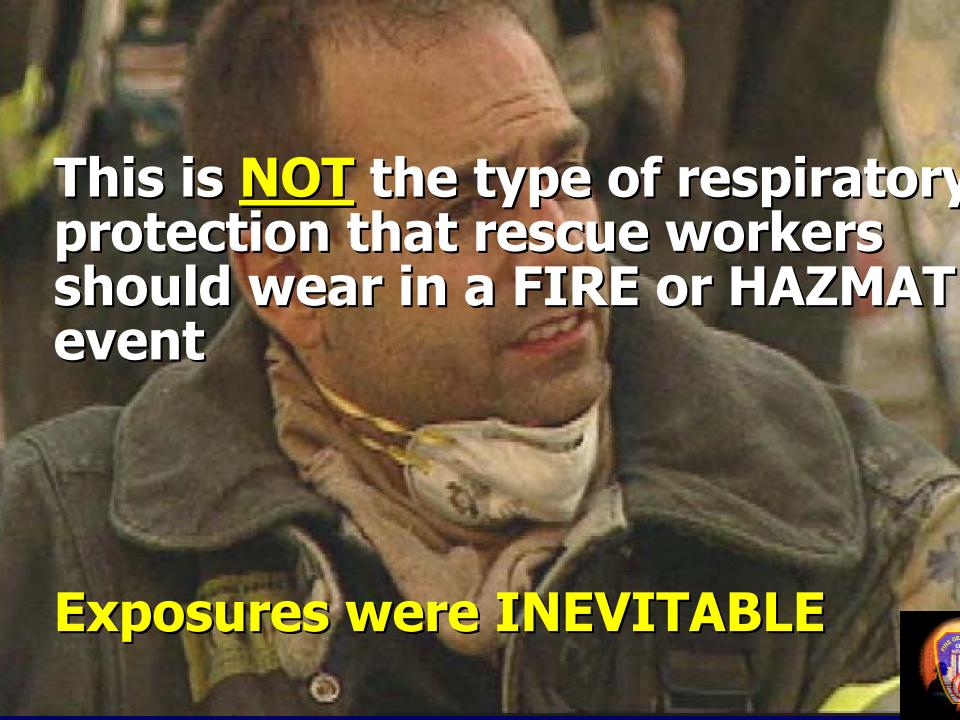
Deputy Chief Medical Officer, FDNY

Professor of Medicine
Albert Einstein College of Medicine
Pulmonary Division, Montefiore Medical Center





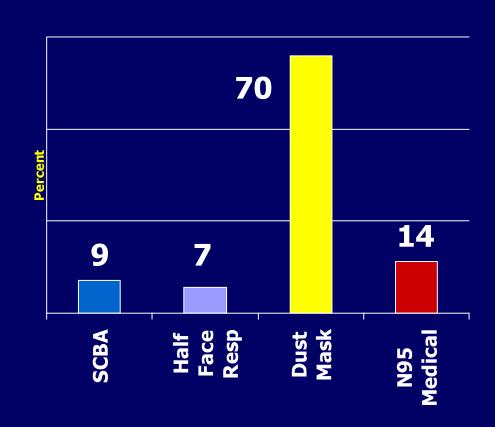




On day 1 when working, mask type worn & frequen

For many reasons, few (7 %) had the proper mask for this type of exposure and work activity

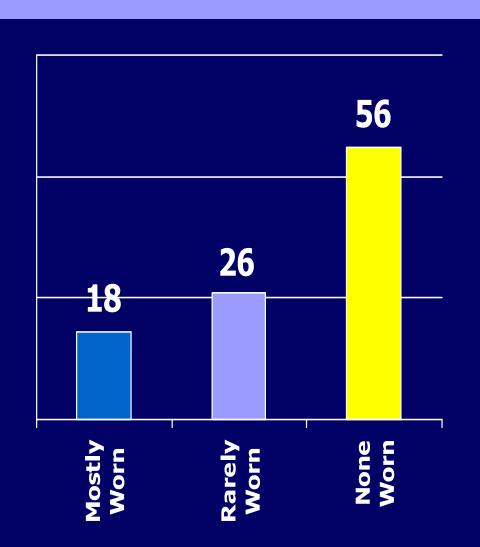
MMWR Sept 2002



On DAY 1 when working, mask type worn & frequer

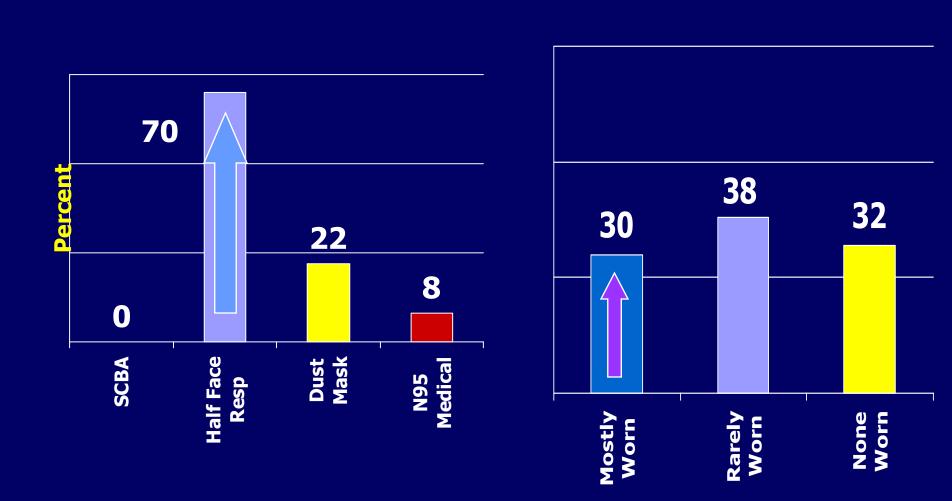
Only 18% report wearing any type of mask on Day 1.

MMWR Sept 2002



On wk 2 when working, mask type worn & frequen

MMWR Sept 200

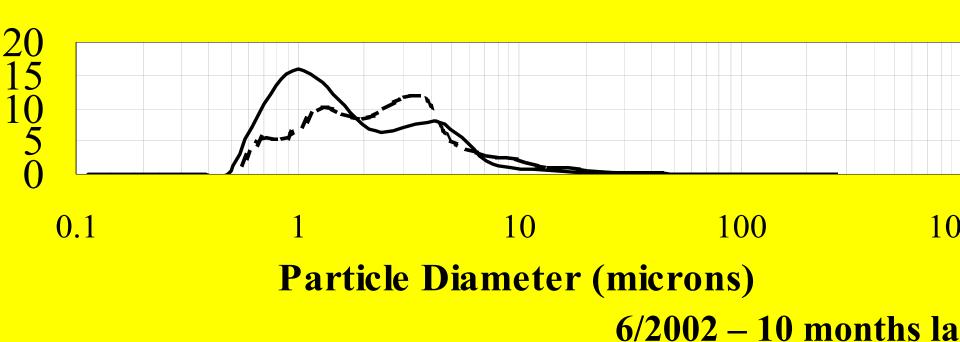




- PULVERIZED CONCRETE
- FIBROUS GLASS & SILICATES
- CARBON PARTICULATES
- ASBESTOS
- ALKALINE pH

Particle Size Distributions Induced Sputum & Settled WTC Aerosol

——NY Fire fighters — – NY Dust

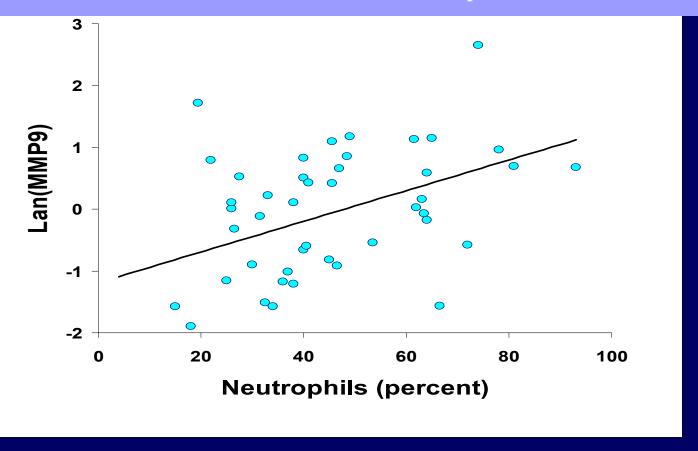


Fireman, Prezant, etal. Environmental Health Perspectives: In Revisions

FDNY Firefighter Dust-Induced Inflammation

Induced Sputum – 10 months later

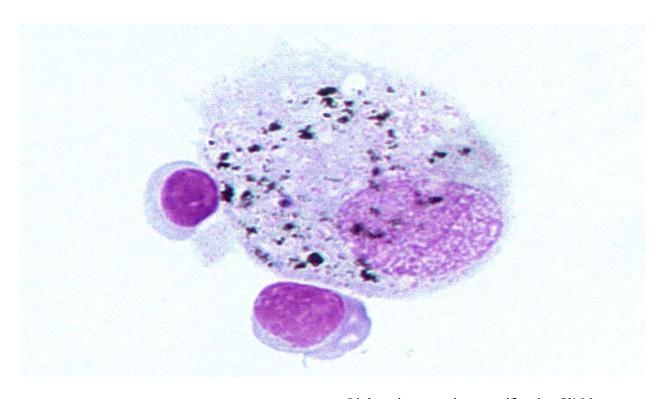
Fireman, Prezant, etal. Environmental Health Perspectives: In Revisions



FDNY Firefighter Dust-Induced Inflammation

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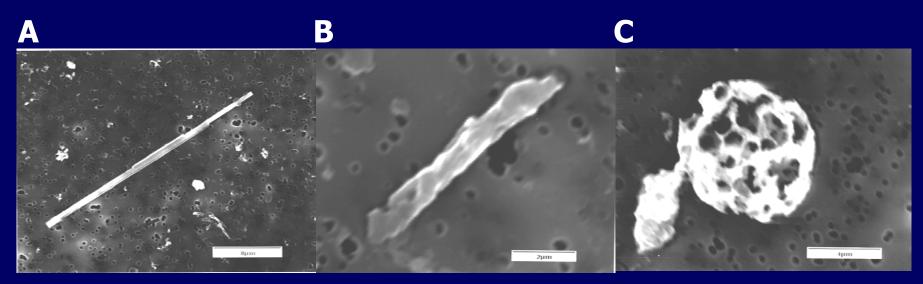
Fireman, Prezant, etal. Environmental Health Perspectives: In Revisions



Light microscopic magnification X100

FDNY Firefighter with Pneumonitis

BAL Lavage Dust Particles



Uncoated asbestos fiber

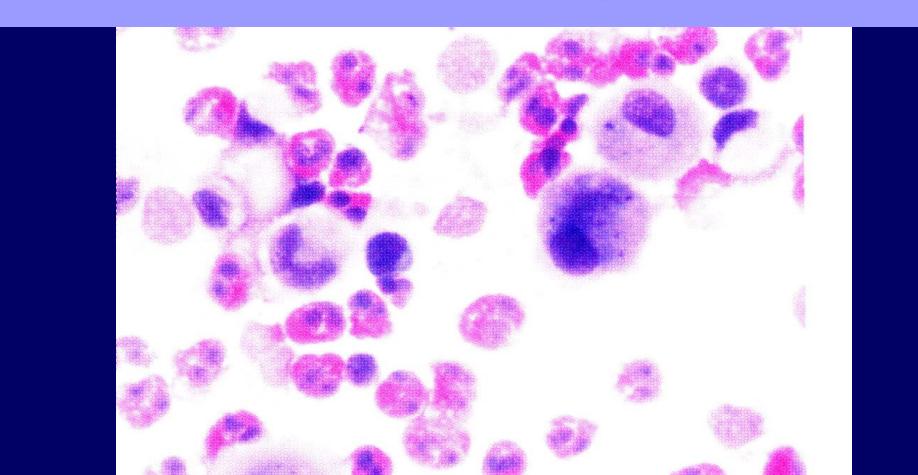
Degraded fibrous glass

Fly ash particle

Rom, Weiden, Prezant, etal. Am J Resp Crit Care Med 2002, 166; 797

FDNY Firefighter with Eosinophilic Pneumonitis Dust-Induced Inflammation

EQuibnit 1AE



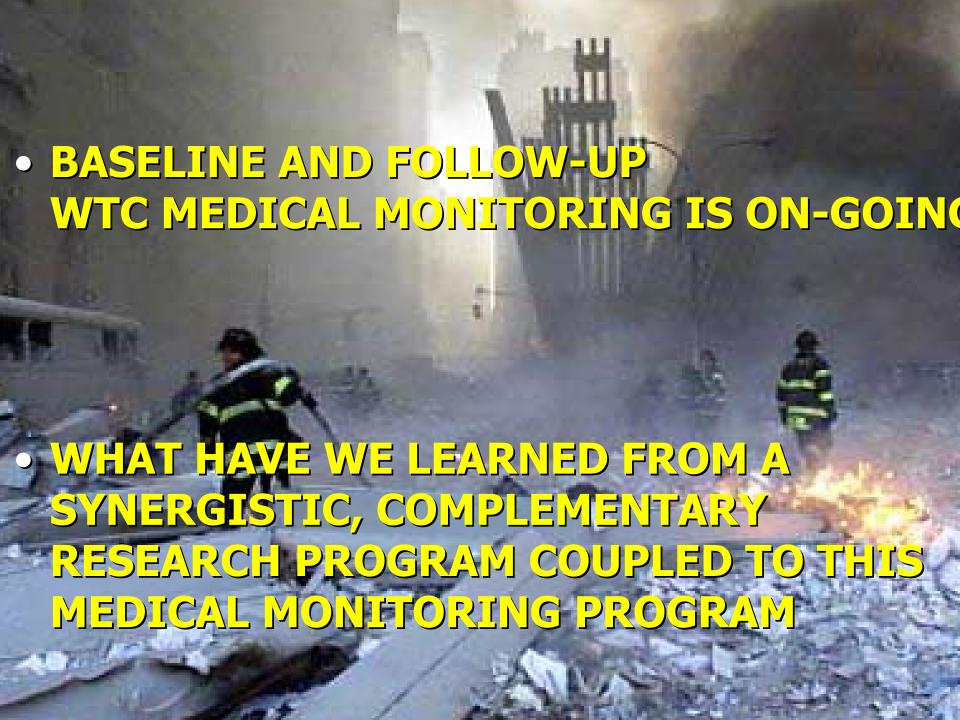
FDNY WTC Medical Monitoring Program

9/11 WTC Exposures

Health Assessments Spectrum of symptoms, coping, wellness & illness

Social Support Assessments

LONG-TERM MEDICAL MONITORING
TREATMENT & PREVENTION PROGRAM



COMPONENTS OF FDNY WTC MEDICAL:

- Questionnaires
 - Exposure, Medical & Stress
- Physician Evaluation
- PFT Spirometry for everyone
 - Methacholine Challenge for selected groups
- Chest Radiographs for everyone
 - Chest CT for selected groups
- Bloods/Urine Bio-Monitoring
- ECG & Audiometry



FDNY WTC MEDICALS

October 2001 to March 02:

11,000 medicals done

FDNY:
Firefighters
Officers
EMS



FDNY WTC MEDICALS

Partnership with CDC NIOSH (n=400; October):

lydrocarbons

Intimony

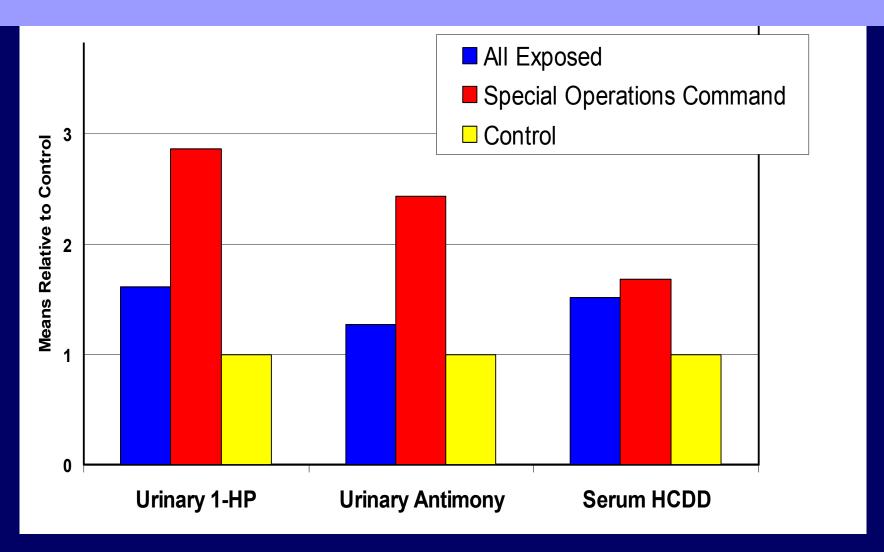
Dioxin & PCB Congeners

Slight Elevations in Above

- None Clinically Elevated
- Most Normal compared to
 - FDNY FIREFIGHTER CONTROLS



Bio-monitoring of FDNY at WTC



Edelman, Prezant et al, Environ. Health Perspectives Dec, 2003.

FDNY WTC MEDICALS

Total Serum PCBs

- Electrical Eqpt. & Food
- USA: 0 to 6 PPB = normal
- WTC
 - Avg < 6 PPB
 - 480 / 10,000 (5%) > 6 PPB
 - 36 > 12 PPB

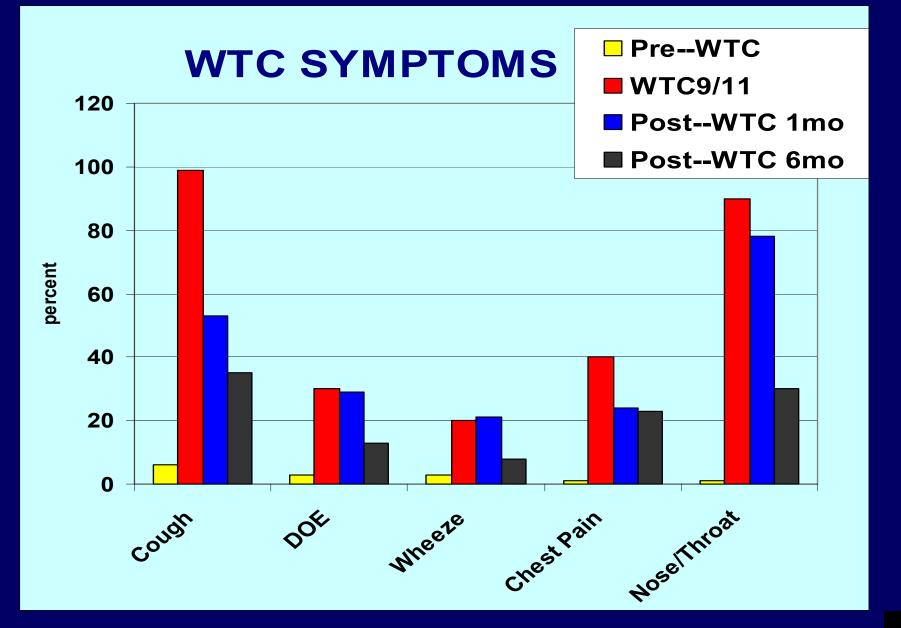


FDNY WTC MEDICALS

Heavy Metals

- Serum Lead
 - 25 mcg/dl
 - 7 / 10,000 above limit
- Urine Mercury
 - 35 mcg/g creatinine
 - 1 / 10,000 above limit
- Urine Beryllium
 - 1 or 2 mcg /liter
 - 1 / 10,000 above limit





This was a carefully selected healthy workforce pre-WTC with new, persistent symptoms post-WTC



FDNY WTC MEDICALS

Chest X-ray: PA view

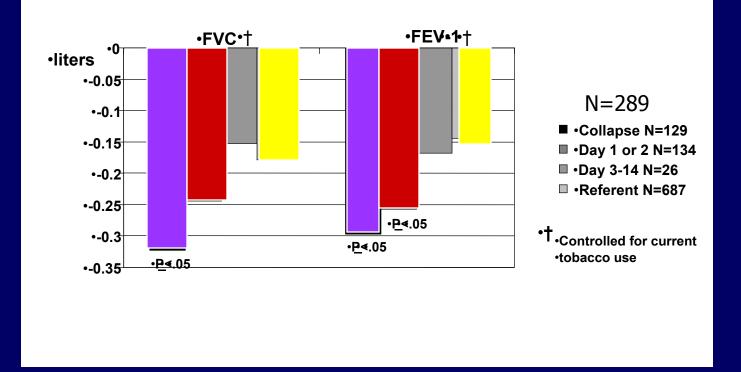
- Compared to pre-WTCChest Films
 - Comparison to Baselines Reduce Unneeded Workups
- Less than 30 of 9,000
 were abnormal and these were in the symptomatic group



FDNY PFT from MEDICALS Pre-WTC vs. 1 month Post-WTC

- •Figure 2: Mean change in FVC and FE

 √1 post WTC
- •exposure by exposure arrival group compared to annual
- change in referent group of NYC firefighters pre 9/11/01

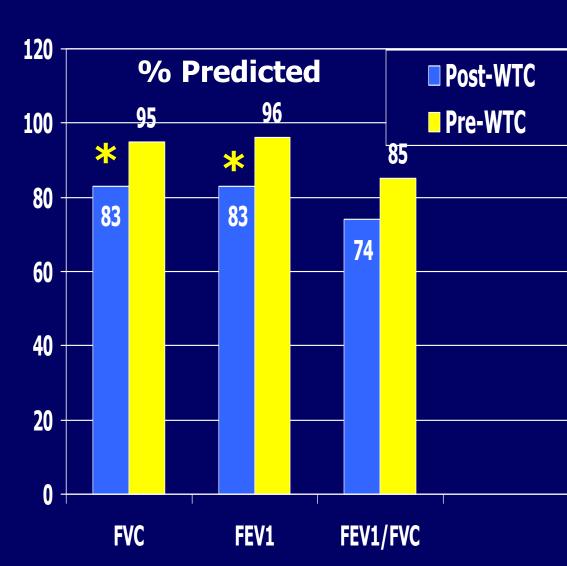


FDNY PFT from MEDICALS Pre-WTC vs. Post-WTC

Entire FDNY Cohort,
With or Without Symptoms,
Adjusted for Exposure

Post-WTC PFTs were at the lower limits of normal

Would not have appreciated the problem without having Pre-WTC PFTs for comparison

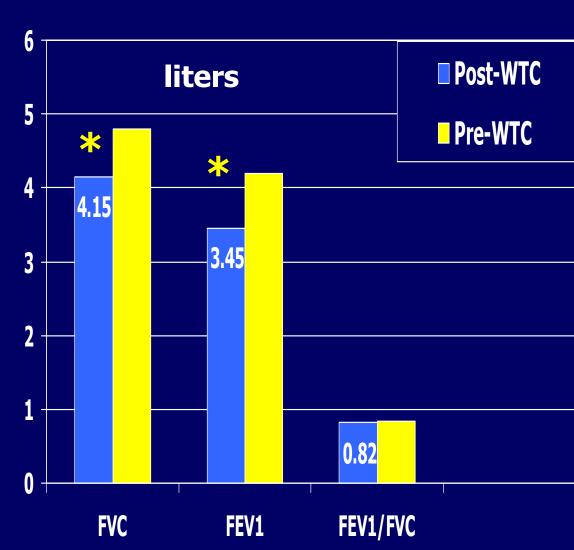


FDNY PFT from MEDICALS Pre-WTC vs. Post-WTC

Entire FDNY Cohort,
With or Without Symptoms,
Adjusted for Exposure

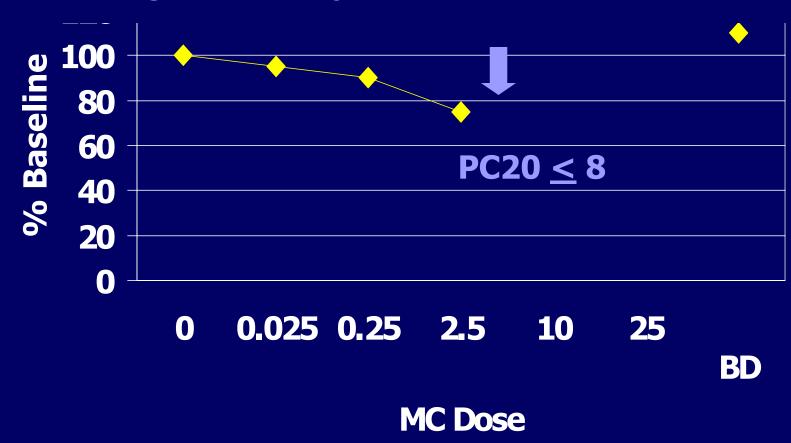
Average. Decline in FVC and FEV1 was 300 to 500 ml

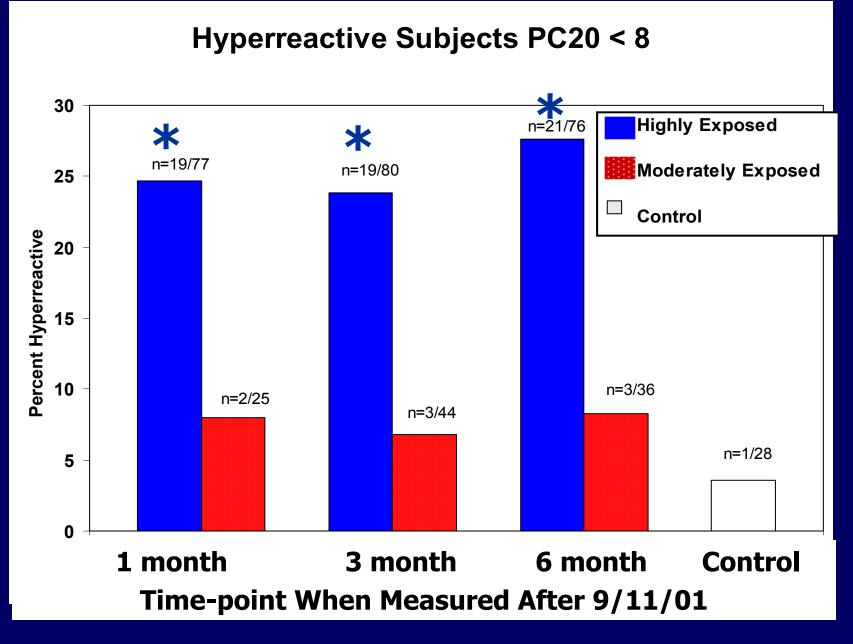
Pseudo-restrictive with normal Ratio due to Air-trapping



BRONCHIAL HYPERREACTIVITY Methacholine Challenge Testing

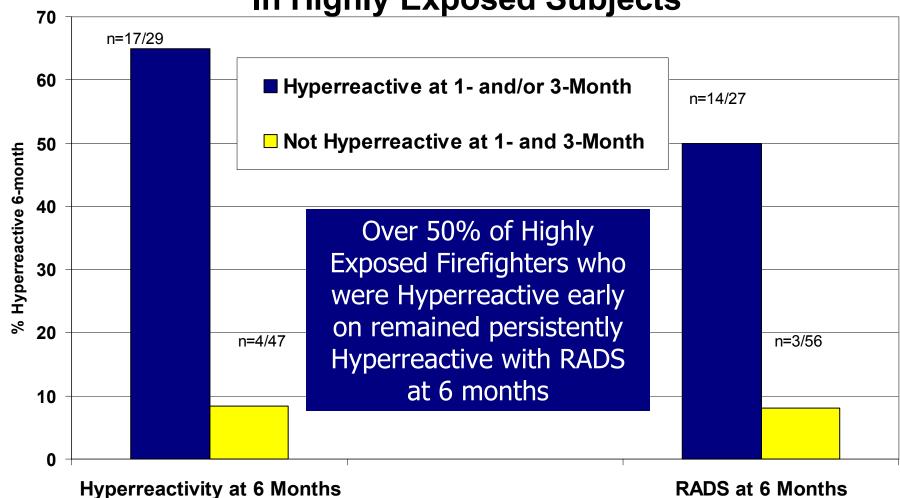
Abnormal Result is a 20% or Greater Fall in Airflow ndicating Reactivity or Potential for an Asthma Attack





Banauch, Kelly, Weiden, Prezant et al. ARRCCM Sept. 2003

RADS and Hyperreactivity at 6 Months In Highly Exposed Subjects



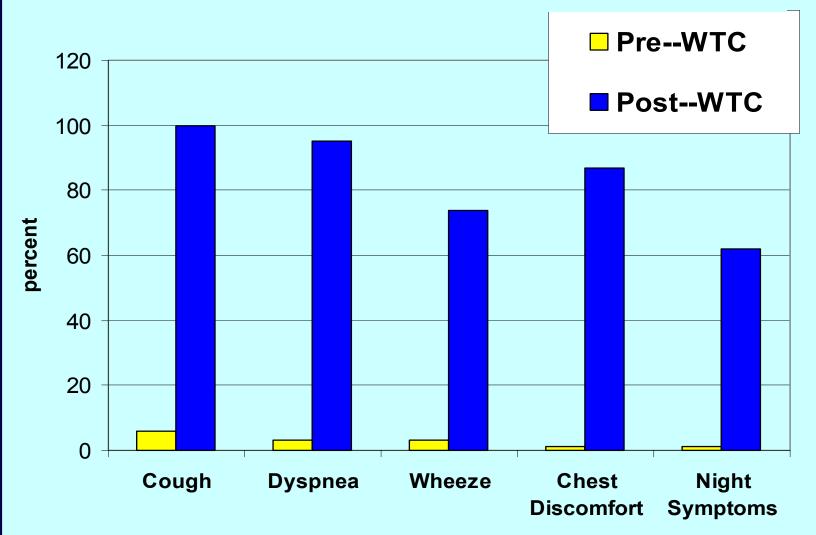
GROUND ZERO

irefighters battl Trade Center cough

"WTC COUGH"

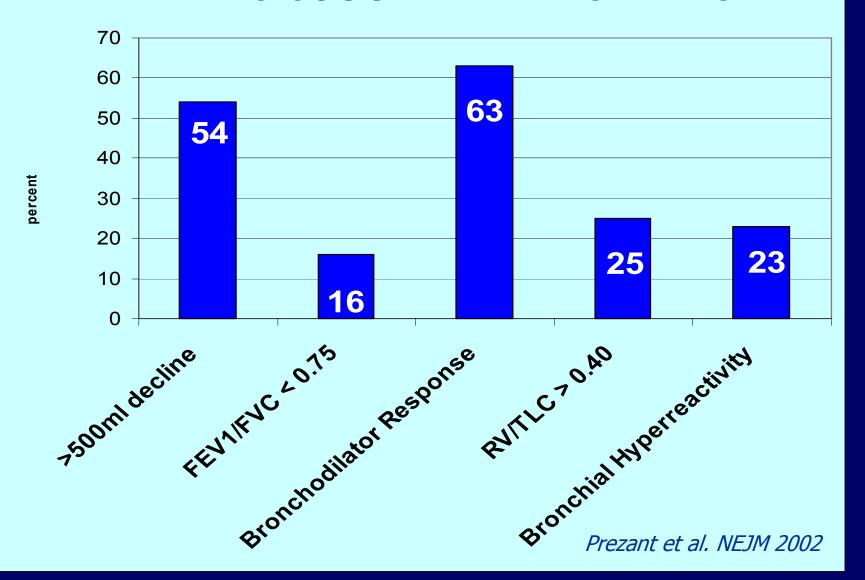
- The Most Symptomatic Required:
- Medical Leave >4 wk
- Over 1,500 needed major Rx
- Over 500 filed disability retirement
 - To date, over 320 awarded permanent disability

WTC COUGH PATIENTS - SYMPTOMS





WTC COUGH PATIENTS - PFTS



CHEST IMAGING IN "WTC COUGH PATIENTS

1. CHEST FILMS

- NORMAL IN NEARLY ALL CASES
- CHEST CT SCANS (n=500)
- Confirmed above chest film results
- Normal Inspiratory Views
 - Expiratory Views Showed Airway Inflammation
 - Bronchial Wall Thickening, Air Trapping

FDNY FIREFIGHTER WITH "WTC COUGH"



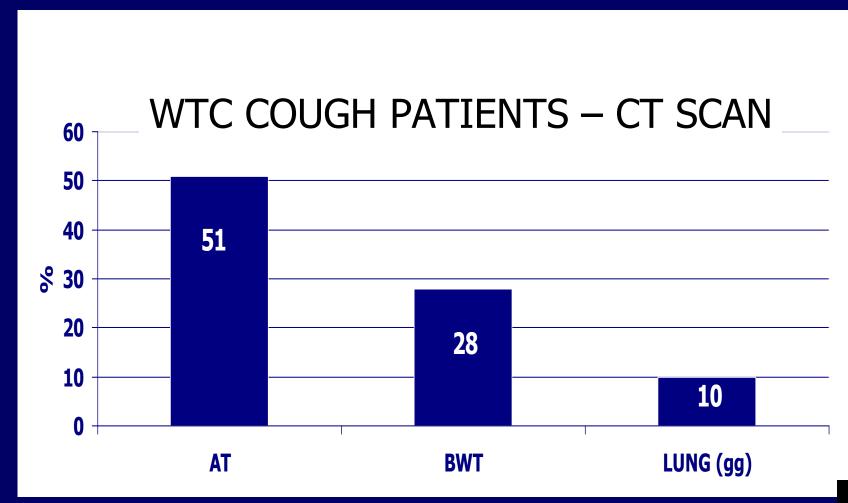
INSPIRATORY IMAGING



EXPIRATORY IMAGING: AIR TRAPPING

McGinness, Prezant et al

High Resolution CT (Insp./Exp. Views)





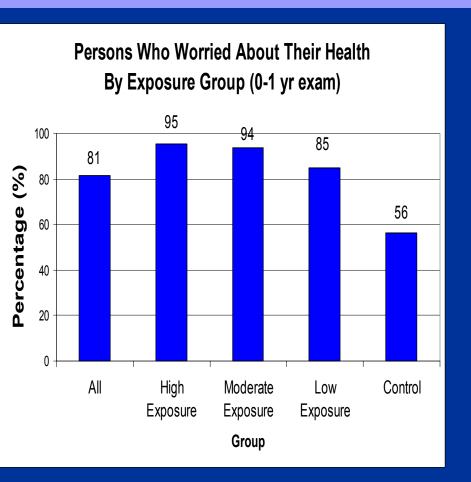
FDNY FIREFIGHTERS WITH PNEUMONITIS

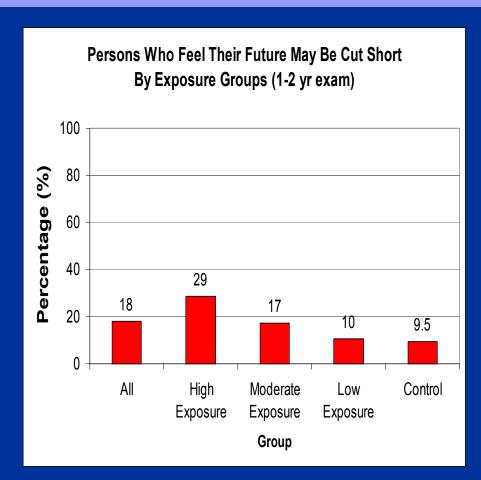
Rare Findings in this 12,000 FDNY Cohort

- 2 with new onset Eosinophilic Pneumonitis completely reversed with treatment
- 3 with new onset Progressive Pulmonary Fibrosis
- 18 with new onset Sarcoidosis
 - A 3 to 5 fold increased incidence rate for FDNY
 - All stable, some resolved

- COUGH, SINUS CONGESTION, ACID REFLU
- EXERTIONAL SHORTNESS OF BREATH WTC DUST CAUSED
- REDUCTIONS IN PULMONARY FUNCTION
- AIRWAYS INFLAMMATION
- Many Cases of ASTHMA or RADS
- Rare Cases of Pneumonitis
- Major Health Concerns

FDNY HEALTH CONCERNS







FDNY WTC Research Priorities:

9/11 WTC Exposures

LONG-TERM MEDICAL MONITORING PROGRAM

Mental Heath

Respiratory

Late Emerging
Diseases ??
(ex. Cancer)